

Merryn Gott (2005). *Sexuality, Sexual Health and Ageing*.
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In the twentieth book in the Rethinking Ageing series, *Sexuality, Sexual Health and Ageing*, Merryn Gott presents a critical and challenging discussion concerning sexuality and ageing.

The book consists of three parts. The first part explores two stereotypes, or 'myths' concerning sexuality and older age. These are the 'asexual old age' and the 'sexy oldie'. The second part consists of a critical account of available literature on sexuality and old age, plus a presentation of a qualitative study of older people's views on sexuality. The third part presents studies on the meaning of 'sexual health' within the context of ageing from the perspective of professionals working with older people.

The first part, which to my mind is the most thought-provoking and interesting part, is predominantly theoretical and forms a background to the other two more empirical parts. By deconstructing the two contradicting stereotypes, the asexual old age and the sexy oldie, Gott discloses the intersection of notions concerning sexuality, biology, medicine, normality, health, age and youth. She convincingly asserts that the discussion about sexuality and sexual health in later life strongly enforces a medicalised discourse and that it rests firmly upon a heterosexual norm. When sex is understood to be equivalent to heterosexual intercourse, other forms of sexuality and intimacy become obscured. She furthermore elucidates the connection between sexuality, health and youth. The dominance of the medical discourse has encouraged a notion of old age as equivalent to being unhealthy or dependent. This means that youth and health are linked to each other. To be young is to be healthy; to be old is to be unhealthy. Furthermore,

sexuality and youth are linked. According to Gott, this is part of the reproductive emphasis in the notion of sexuality that, despite effective contraceptives and test tube babies, has encouraged judgements about sexualities based on a reproductive norm. To be sexy, and sexually active, is, according to the dominant notion, therefore a sign of youth, and as Gott writes “deep old age is never sexy”.

In a time when society is permeated by images and notions concerning the value of keeping a fit and able body, bodily signs of ageing run a risk of becoming a marker of individual failure to maintain a youthful body. Resisting old age hereby has become a demand, and old age is presented as something, which can be avoided by lifestyle choices and consumerism. Part of this is, according to the dominant discourse, to be sexually active. This view is, according to Gott, founded on a notion that sexuality is biologically determined and deeply rooted in every individual. To have sex is therefore seen as natural for every person, and not having sex is perceived as unnatural, and even unhealthy. There is consequently a link between sexual activities as something natural and sex as something healthy. Furthermore, the link between sex as a sign of youth makes sexual activity an antidote against old age. Sex is regarded as an activity of the young and healthy. The stereotype of the asexual old age therefore becomes a means of labelling older people as unhealthy, unproductive and dependent, and in addition partly responsible for their position. Even if the seemingly opposite stereotype of the sexy oldie could be expected to contradict this, Gott shows that it reiterates the same fundamental norms as the asexual old age. The image of the sexy oldie is founded on an assumption that sexual function is a primary component of successful ageing. According to Gott, the medical community and pharmaceutical companies have a part in this discourse, especially in defining the right to sexual fulfilment as matter of public health. It is a discourse that presents being sexually active both as a human right and as a means to promote and demonstrate a meaningful life. Gott delineates five pillars on which the notion of the sexy oldie, are built. These are: “(1) sexuality is fundamental to healthy ageing; (2) sexual intercourse represents the sexual ‘ideal’ for older people; (3) expressing sexuality is about expressing love and is always a positive (and overwhelmingly heterosexual) experience; (4) ageing can, but need not

cause sexual dysfunction, which can be 'fixed' by medical intervention, and (5) to be sexually active at any age you have to conform to a youthful notion of beauty (particularly if you are a woman)." (p.25). A case is made for the need for adults to be sexual in order to stay young. The sexy oldie hereby becomes equivalent to an older person who has resisted old age by remaining sexually active. A pertinent illustration of this is that older people (women) can be sexy only if they do not look their age. Gott maintains that the stereotype of the sexy oldie is ambivalent; on one hand it might inspire older people to affirm sexual lust into old age, on the other it might shut off the exit to a relentlessly sexualised world that old age might offer.

In the second part of the book Gott employs the deconstructive perspective outlined in the first in order to discuss some influential studies about sexuality and old age. She demonstrates how these studies reiterate a biological and heterosexual bias. In assessing whether or not people are sexually active, sexual activity is equated with heterosexual intercourse. They also presume essential gender differences and that sex is healthy. Gott stresses the importance of recognising that older people do not necessarily equate sex with intercourse, and that satisfying or fulfilling sexual functioning therefore can, and ought to, be understood as more diverse than heterosexual intercourse. The findings of the presented studies erase the relational context of sexuality and ignores that it is intimacy, not erection that lies at the root of sexual satisfaction. As an alternative to generalized survey studies Gott presents a qualitative study on how older people themselves describe their sexuality. As expected, the result evinces a much more diverse picture, where sexuality is more seen as an option than as a necessity.

The last part of the book presents studies about how medical practitioners describe sexuality and old age. Several of the basic tenants in the field that are presented in the first part of the book are here found to serve as a foundation also in this context, especially those that are connected to the asexual older person, with the result that sexual function becomes equated with the ability to perform heterosexual intercourse and sexual health is understood as a concern only for younger age groups. This means that medical practitioners do not regard older people as subjects for information regarding STI, and therefore

avoid given older patients information about how medication might influence sexual lust, and that signs of sexual abuse might be neglected.

I have found the book both thought-provoking and interesting and I recommend it to anyone who has some interest in the field. In the introduction Gott writes that her intention is not to prove that older people are nor should be sexual, but to open up this area for debate. I think she has succeeded in this endeavour.